



VIDEO GAME CENTER INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

DEFINITION: Video Game Center means a place of business in which 6 or more amusement machines are made available for use by the public. If there are 5 or less machines, an amusement machine premise license is required instead.

LICENSE PERIOD: July 1 thru June 30, Annually

APPLICATION: City Clerk License Division, City Hall, Room 105, 200 E. Wells St, Milwaukee, WI 53202.

FEE: The \$450 license fee, and an additional \$25 for every machine you own, **must be submitted with application.** Checks made payable to: City of Milwaukee.

SIGNATURES: Notarized signatures of the individual, all partners, the agent, president, and secretary of the corporation, or the agent and all members of a LLC are required.

REQUIREMENTS: Applicants must be 18 years of age or older.

Good professional character. A person who has been convicted of any felony, misdemeanor or other offense, the circumstances of which substantially relate to this type of business, in this state or any other state, may be ineligible for a license.

An individual applicant and all partners of a partnership must be residents of the state of Wisconsin for at least one year prior to applying for this license. This requirement shall only apply to the agent of a Corporation or Limited Liability Company.

Applicants must also obtain a permit from the Milwaukee Development Center (Permit Desk), 809 N. Broadway, 1st Floor, telephone (414) 286-8211.

No Video Game Center shall be located within 300 feet of a public or private elementary or secondary school, or within 1,000 feet of another Video Game Center.

If there is a coin-operated phonograph (jukebox) on the premises, you must apply for a Phonograph Premise permit.

FINGERPRINTS: An individual applicant, all partners of a partnership, and the Agent of a Corporation or Limited Liability Company whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7th St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

HOURS OF OPERATION FOR YOUTHS: No Video Game Center Licensee shall allow any person under the age of 18 years to operate an amusement machine at times when the person is required to be in regular school attendance. Curfew laws pursuant to s. 106-23-2 are applicable. A responsible person shall be on duty and in charge of the Video Game Center at all times. (See ch. 84 for exceptions.)

REPORT CHANGES: Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 10 days.

GRANTING OF LICENSES: Licenses are granted by the Common Council upon recommendation of the Licenses Committee. Please allow 5-6 weeks for processing.



**City
of
Milwaukee**

**VIDEO GAME CENTER
LICENSE APPLICATION**

ccl-260b (12/03)

OFFICE OF THE CITY CLERK LICENSE DIVISION
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(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D)
☐ Corporation or LLC (Fill out Section B, C, & D)

Section A	INDIVIDUAL OR PARTNERSHIP:			
	Full Name (Last, First & Middle Initial)		Full Name (Last, First & Middle Initial)	
	Home Address (include City, State, Zip Code):		Home Address (include City, State, Zip Code):	
	Length of residency:		Length of residency:	
	Home Phone Number: () -		Home Phone Number: () -	
Section B	Date of Birth:		Date of Birth:	
	Business Name:		Business Phone Number: () -	
	Business Address (include City, State, Zip Code):			
	Mailing Address (if different from above address):			
	Name of Building Owner:			
	Address of Building Owner (include City, State, Zip Code):			
	Number of Machines: (If there are 5 or less machines, an amusement machine premise license is required instead.)		Do you own these machines? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose additional \$20.00 per machine. If no, list name of distributor:	
Please indicate any other type of business conducted on the premises:				
Section C	Full Name of corporation or limited liability company:			
	<i>Agent:</i>			
	Full Name (Last, First & Middle Initial):		Home Address (include City, State & Zip Code):	
	Home Phone Number: () -		Date of Birth:	Length of Residency:

OVER

12/22/03

	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section C Cont.	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section D	Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of person(s), date, charge, and penalty: _____ _____ _____ _____	
	The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.	
	I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.	
	SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20____	
	_____ Notary Public, State of Wisconsin	_____ Individual/Agent of Corp or LLC/Partner
	My commission expires _____	_____ President of Corp/Member of LLC/Partner
		_____ Secretary of Corp/Add'l Members/Partner

Office Use Only:

Initials: _____ **Filed:** _____ **License #:** _____ **AD:** _____ **Granted:** _____